



December 2012

TRICARE® CHOICES

At a Glance



www.tricare.mil
www.tricare.mil/costs

Visit the TRICARE Web site for more information on eligibility, enrollment, costs, and coverage. Enter your profile for individualized details based on your TRICARE program.

TRICARE is the Department of Defense's worldwide health care program available to eligible beneficiaries from any of the seven uniformed services—the U.S. Army, U.S. Navy, U.S. Air Force, U.S. Marine Corps, U.S. Coast Guard, Commissioned Corps of the U.S. Public Health Service, and the National Oceanic and Atmospheric Administration. *TRICARE Choices: At a Glance* provides an overview of TRICARE medical, dental, and pharmacy options in the United States, and their associated costs. Eligibility for TRICARE is determined by information in the Defense Enrollment Eligibility Reporting System (DEERS). It is important for sponsors to keep DEERS records up to date. For eligibility, enrollment, cost, and coverage details, visit **www.tricare.mil** or contact your regional contractor. See the *For Information and Assistance* section of this brochure for contact information.

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TRICARE PROGRAM OPTIONS

Depending on your beneficiary category and location, you may be eligible for different program options. Use the chart below to determine your options. Additional program details are listed in this brochure. Your options may change if you move, if your sponsor changes location or status, or if you have a life event such as getting married or becoming entitled to Medicare Part A. For assistance with health care coverage when moving or traveling, contact your regional contractor.

Beneficiary Types	Program Options ¹
Active duty service members (includes National Guard and Reserve members ² activated for more than 30 consecutive days)	<ul style="list-style-type: none"> • TRICARE Prime • TRICARE Prime Remote • TRICARE Active Duty Dental Program
Active duty family members (ADFM) (includes family members of National Guard and Reserve members ² activated for more than 30 consecutive days and certain survivors)	<ul style="list-style-type: none"> • TRICARE Prime • TRICARE Prime Remote for Active Duty Family Members • TRICARE Standard and TRICARE Extra • TRICARE For Life (TFL) (ADFM must have Medicare Part A and Medicare Part B to participate in TFL.)³ • US Family Health Plan • TRICARE Dental Program (TDP)
Retired service members and eligible family members, survivors, Medal of Honor recipients, qualified former spouses, and others	<ul style="list-style-type: none"> • TRICARE Prime • TRICARE Standard and TRICARE Extra • TFL (If entitled to premium-free Medicare Part A based on age, disability, or end-stage renal disease, the beneficiary must have Medicare Part B to keep TRICARE eligibility.) • US Family Health Plan • TRICARE Retiree Dental Program (TRDP)
National Guard and Reserve members² and their family members (qualified, non-active duty members of the Selected Reserve of the Ready Reserve, Retired Reserve, and certain members of the Individual Ready Reserve)	<ul style="list-style-type: none"> • TRICARE Reserve Select (members of the Selected Reserve) • TRICARE Retired Reserve (members of the Retired Reserve who have not reached age 60) • TDP • TRDP

1. Qualified adult-age dependents may purchase coverage through the TRICARE Young Adult (TYA) program. For more information on TYA, see the Program Descriptions and Enrollment Costs section of this brochure.

2. The National Guard and Reserve includes the Army National Guard, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, and U.S. Coast Guard Reserve. For more information about benefits for the National Guard and Reserve, visit <http://ra.defense.gov>.

3. ADFMs who have Medicare Part A are **not** required to have Medicare Part B to remain eligible for TRICARE. To avoid a break in coverage, ADFMs **must** sign up for Medicare Part B before the sponsor's retirement date.

Other Option after TRICARE Eligibility Ends

Continued Health Care Benefit Program

The Continued Health Care Benefit Program (CHCBP) is a premium-based health care program available to former TRICARE-eligible members and their eligible family members, unremarried former spouses, emancipated children, and unmarried children by adoption or legal custody. CHCBP offers transitional coverage after TRICARE eligibility ends for up to 18 months for former service members and their family members, and up to 36 months for unremarried former spouses and adult dependents. If you qualify, you can purchase CHCBP within 60 days of losing TRICARE or Transitional Assistance Management Program eligibility. CHCBP benefits and rules are similar to those under TRICARE Standard, but you must pay quarterly premiums. For fiscal year 2013 (October 1, 2012–September 30, 2013), quarterly premiums are \$1,138 per individual and \$2,555 per family. For more information, contact the CHCBP administrator, Humana Military, at **1-800-444-5445** or visit **Humana-Military.com**. **Note:** CHCBP enrollees are not legally entitled to space-available care at military treatment facilities.

PROGRAM DESCRIPTIONS AND ENROLLMENT COSTS

TRICARE program descriptions and enrollment costs are discussed in the following chart. For more information on enrolling in a TRICARE program option, visit www.tricare.mil/enroll. TRICARE costs are subject to change. Visit www.tricare.mil/costs for the most up-to-date cost information.

Program	Description	Enrolling	Enrollment Costs	Getting Care
TRICARE Prime¹	<ul style="list-style-type: none"> Similar to a managed care or health maintenance organization option, available in specific geographic areas 	<ul style="list-style-type: none"> Enrollment required Retirees, their families, survivors, and qualifying former spouses pay annual enrollment fees Offers lowest out-of-pocket costs 	<ul style="list-style-type: none"> Active duty service members (ADSMs), active duty family members, surviving spouses (<i>during the first three years</i>), and surviving dependent children: No enrollment costs Fiscal year 2013 (<i>October 1, 2012–September 30, 2013</i>) premiums for retired service members, their families, surviving spouses (<i>after the first three years</i>), eligible former spouses, and others: \$269.28/individual; \$538.56/family 	<ul style="list-style-type: none"> Receive most care from primary care manager (PCM) at a military treatment facility (MTF) or within the TRICARE network Clinical preventive services available at no cost PCM referrals required for most specialty care
TRICARE Prime Remote (includes TRICARE Prime Remote for Active Duty Family Members)	<ul style="list-style-type: none"> Benefit similar to TRICARE Prime for ADSMs living and working in remote locations and the eligible family members residing with the sponsor 	<ul style="list-style-type: none"> Enrollment required 	<ul style="list-style-type: none"> No enrollment costs 	<ul style="list-style-type: none"> Receive care from TRICARE network providers (<i>or a TRICARE-authorized non-network provider if a network provider is unavailable</i>)
TRICARE Standard	<ul style="list-style-type: none"> Fee-for-service option available worldwide to eligible non-ADSMs 	<ul style="list-style-type: none"> No enrollment required Annual deductibles and cost-shares apply² 	<ul style="list-style-type: none"> No enrollment costs 	<ul style="list-style-type: none"> Receive care from TRICARE-authorized non-network providers No referrals required Some services require prior authorization
TRICARE Extra	<ul style="list-style-type: none"> Preferred provider option in areas with established TRICARE networks 	<ul style="list-style-type: none"> No enrollment required Annual deductibles and discounted cost-shares apply Not available overseas 	<ul style="list-style-type: none"> No enrollment costs 	<ul style="list-style-type: none"> Receive care from TRICARE network providers No referrals required Some services require prior authorization

1. Active duty survivors and medically retired uniformed service members have their TRICARE Prime enrollment fees frozen at the rate in effect at the time they are classified in either category and enrolled.

2. Authorized providers who are not part of the TRICARE network of civilian providers may charge beneficiaries using TRICARE Standard up to 15 percent above the TRICARE-allowable charge for services. Beneficiaries are responsible for that additional 15 percent, along with applicable cost-share and deductible amounts. Note that overseas, there is no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge. Visit www.tricare.mil/overseas for more information.

Note: Non-active duty beneficiaries may seek care at MTFs on a space-available basis. Additionally, TRICARE Plus is a program that allows beneficiaries who normally are only able to get care at MTFs on a space-available basis, and who are not enrolled in a TRICARE Prime option, to enroll and receive primary care appointments at MTFs within the same primary care access standards as beneficiaries enrolled in a TRICARE Prime option.

PROGRAM DESCRIPTIONS AND ENROLLMENT COSTS

Program	Description	Enrolling	Enrollment Costs	Getting Care
TRICARE Reserve Select (TRS)	<ul style="list-style-type: none"> Premium-based health care plan that qualified Selected Reserve of the Ready Reserve members may purchase for themselves and/or their family members Coverage and costs for care similar to TRICARE Standard for active duty family members¹ 	<ul style="list-style-type: none"> Enrollment required Available worldwide Offers member-only and member-and-family coverage Must qualify for and purchase TRS to participate 	<ul style="list-style-type: none"> 2013 TRS member-only monthly premium: \$51.62 2013 TRS member-and-family monthly premium: \$195.81 	<ul style="list-style-type: none"> Monthly premiums, annual deductibles, and cost-shares apply Receive care from any TRICARE-authorized provider (<i>network or non-network</i>) No referrals required Some services require prior authorization
TRICARE Retired Reserve (TRR)	<ul style="list-style-type: none"> Premium-based health care plan that qualified Retired Reserve members may purchase for themselves and/or their family members Coverage and costs for care similar to TRICARE Standard for retirees¹ 	<ul style="list-style-type: none"> Enrollment required Available worldwide Offers member-only and member-and-family coverage Must qualify for and purchase TRR to participate 	<ul style="list-style-type: none"> 2013 TRR member-only monthly premium: \$402.11 2013 TRR member-and-family monthly premium: \$969.10 	<ul style="list-style-type: none"> Monthly premiums, annual deductibles, and cost-shares apply Receive care from any TRICARE-authorized provider (<i>network or non-network</i>) No referrals required Some services require prior authorization
TRICARE For Life (TFL)	<ul style="list-style-type: none"> TRICARE's Medicare-wraparound coverage available to all Medicare-eligible TRICARE beneficiaries, regardless of age, provided they have Medicare Part A and Medicare Part B 	<ul style="list-style-type: none"> No enrollment required Must be entitled to premium-free Medicare Part A and have Medicare Part B 	<ul style="list-style-type: none"> No enrollment costs 	<ul style="list-style-type: none"> Receive care from Medicare-participating, nonparticipating, or opt-out providers Note: Significant out-of-pocket expenses will be incurred if you receive services from opt-out providers.² TRICARE pharmacy benefits are included
US Family Health Plan (USFHP)³	<ul style="list-style-type: none"> TRICARE Prime managed care option available through networks of community not-for-profit health care systems in six areas of the United States 	<ul style="list-style-type: none"> Enrollment required 	<ul style="list-style-type: none"> Enrollment costs are the same as TRICARE Prime 	<ul style="list-style-type: none"> Receive care from primary care providers in the health care system to which you are enrolled Primary care providers will refer you for specialty care

1. Authorized providers who are not part of the TRICARE network of civilian providers may charge beneficiaries using TRICARE Standard up to 15 percent above the TRICARE-allowable charge for services. Beneficiaries are responsible for that additional 15 percent, along with applicable cost-share and deductible amounts. Note that overseas, there is no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge. Visit www.tricare.mil/overseas for more information.

2. Providers who opt out of Medicare enter into private contracts with patients and are not allowed to bill Medicare. Therefore, Medicare does not pay for health care services received from opt-out providers. When you see an opt-out provider, TFL generally pays the amount it would have paid if Medicare had processed the claim (normally 20 percent of the allowable charge), and you are responsible for paying the remainder of the billed charges.

3. If you choose to enroll in USFHP, you may not access space-available care at MTFs or use MTF pharmacies. Additionally, you are not eligible to use the other program options listed in this brochure. If you decide to disenroll from USFHP or move out of one of its designated services areas, you regain eligibility for other TRICARE programs.

PROGRAM DESCRIPTIONS AND ENROLLMENT COSTS

Program	Description	Enrolling	Enrollment Costs	Getting Care
TRICARE Young Adult (TYA)	<ul style="list-style-type: none"> Premium-based health care plan available for purchase by qualified adult-age dependents who have aged out of TRICARE benefits Offers TRICARE Prime or TRICARE Standard coverage worldwide TYA includes medical and pharmacy benefits, but excludes dental coverage 	<ul style="list-style-type: none"> Enrollment required Monthly premiums apply Sponsor's status determines whether a dependent is eligible for TYA Prime 	<ul style="list-style-type: none"> 2013 TYA Prime monthly premium: \$176 2013 TYA Standard monthly premium: \$152 	<ul style="list-style-type: none"> TYA Prime beneficiaries have same provider choice and costs as other TRICARE Prime beneficiaries TYA Standard beneficiaries have same provider choice and costs as other TRICARE Standard beneficiaries

TRICARE For Life Costs

When using TRICARE For Life (TFL), TRICARE is the second payer after Medicare unless you have other health insurance. In that case, TRICARE is the last payer. You have minimal out-of-pocket costs with TFL. There are no TFL enrollment fees, but you are required to have Medicare Part A and pay Medicare Part B premiums. Visit www.medicare.gov for the current Medicare Part B premium amounts, which vary by income level. For additional information about the TFL program, visit www.tricare.mil/tfl. You may also contact Wisconsin Physicians Service, which is contracted to provide customer service and process medical claims. The following chart highlights your TFL out-of-pocket costs. For contact information, see the *For Information and Assistance* section of this brochure. For a detailed cost breakdown, visit www.tricare.mil/costs.

Type of Service	What Medicare Pays	What TRICARE Pays	What You Pay
Covered by TRICARE and Medicare	Medicare's authorized amount	Remaining amount	Nothing
Covered by Medicare but not TRICARE	Medicare's authorized amount	Nothing	Medicare deductible and cost-share
Covered by TRICARE but not Medicare	Nothing	TRICARE's authorized amount	TRICARE deductible and cost-share
Not Covered by TRICARE or Medicare	Nothing	Nothing	Total amount charged

COSTS OF COVERED SERVICES

TRICARE Prime®¹

(includes TRICARE Prime Remote, TRICARE Prime Remote for Active Duty Family Members, and TRICARE Young Adult Prime)

TRICARE Standard and TRICARE Extra

(includes TRICARE Reserve Select®, TRICARE Retired Reserve®, and TRICARE Young Adult Standard)

	ADSMs and ADFMs	Retirees, Their Families, and All Others	ADFMs and TRS	Retirees, Their Families, and All Others
Annual Deductible	\$0	\$0	Sponsor rank E-4 and below: \$50 (<i>individual</i>); \$100 (<i>family</i>) Sponsor rank E-5 and above: \$150 (<i>individual</i>); \$300 (<i>family</i>) Family members of National Guard and Reserve members activated for more than 30 consecutive days in support of a contingency operation: \$0	\$150 (<i>individual</i>); \$300 (<i>family</i>)
Outpatient Visits	\$0 copayment per visit	\$12 copayment per visit	Standard: 20% after the annual deductible is met Extra: 15% after the annual deductible is met	Standard: 25% after the annual deductible is met Extra: 20% after the annual deductible is met
Clinical Preventive Services	\$0 copayment per service	\$0 copayment per service	Standard: ² 20% after the annual deductible is met Extra: ² 15% after the annual deductible is met	Standard: ² 25% after the annual deductible is met Extra: ² 20% after the annual deductible is met
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	\$0 copayment	20% of negotiated fee	Standard: 20% after the annual deductible is met Extra: 15% after the annual deductible is met	Standard: 25% after the annual deductible is met Extra: 20% after the annual deductible is met
Hospitalization (<i>non-military treatment facility [non-MTF]</i>) ³	\$0 per day	\$11 per day (\$25 <i>minimum charge</i>)	Standard: \$17.35 per day (\$25 <i>minimum charge</i>) Extra: \$17.35 per day (\$25 <i>minimum charge</i>)	Standard: \$698 per day or 25% of billed charges for institutional services, whichever is less, plus 25% cost-share for separately billed services Extra: \$250 per day or 25% of billed charges for institutional services, whichever is less, plus 20% cost-share for separately billed services

1. In addition to the costs listed above, point-of-service (POS) charges may apply if TRICARE Prime beneficiaries seek nonemergency care from a TRICARE-authorized provider without a referral from the primary care manager (PCM). See "Point-of-Service Option" in the Commonly Used Terms section of this brochure for more information.

2. Certain clinical preventive services do not have cost-shares (e.g., well-woman exam).

3. The cost for inpatient care provided at an MTF is \$17.35 per day for ADFMs and retiree family members.

COSTS OF COVERED SERVICES

TRICARE Prime¹

(includes TRICARE Prime Remote, TRICARE Prime Remote for Active Duty Family Members, and TRICARE Young Adult Prime)

TRICARE Standard and TRICARE Extra

(includes TRICARE Reserve Select, TRICARE Retired Reserve, and TRICARE Young Adult Standard)

	ADSMs and ADFMs	Retirees, Their Families, and All Others	ADFM's and TRS	Retirees, Their Families, and All Others
Ambulance Services	\$0 copayment per occurrence	\$20 copayment per occurrence	Standard: 20% of the allowable charge Extra: 15% of the allowable charge	Standard: 25% of the allowable charge Extra: 20% of the allowable charge
Emergency Services	\$0 copayment per visit	\$30 copayment per visit	Standard: 20% after the annual deductible is met Extra: 15% after the annual deductible is met	Standard: 25% after the annual deductible is met Extra: 20% after the annual deductible is met
Ambulatory Surgery	\$0 copayment	\$25 copayment	Standard: \$25 Extra: \$25	Standard: 25% after the annual deductible is met Extra: 20% after the annual deductible is met
Outpatient Behavioral Health	\$0 copayment per visit	\$25 (<i>individual visit</i>), \$17 (<i>group visit</i>)	Standard: 20% after the annual deductible is met Extra: 15% after the annual deductible is met	Standard: 25% after the annual deductible is met Extra: 20% after the annual deductible is met
Inpatient Behavioral Health	\$0 per day	\$40 per day	Standard: \$20 per day (\$25 <i>minimum charge</i>) Extra: \$20 per day (\$25 <i>minimum charge</i>)	Standard: <ul style="list-style-type: none"> High-volume hospital: 25% of the hospital-specific per diem Low-volume hospital: \$213 per day or 25% of the billed charges, whichever is less Extra: 20% of allowed charges for institutional services, plus 20% cost-share for separately billed services
Inpatient Skilled Nursing	\$0 per day	\$11 per day (\$25 <i>minimum charge</i>)	Standard: \$17.35 per day (\$25 <i>minimum charge</i>) Extra: \$17.35 per day (\$25 <i>minimum charge</i>)	Standard: 25% of allowed charges for institutional services, plus 25% cost-share for separately billed services Extra: \$250 per day or 20% of billed charges for institutional services, whichever is less, plus 20% cost-share for separately billed services

1. In addition to the costs listed above, POS charges may apply if TRICARE Prime beneficiaries seek nonemergency care from a TRICARE-authorized provider without a referral from the PCM. See "Point-of-Service Option" in the Commonly Used Terms section of this brochure for more information.

TRICARE DENTAL OPTIONS

This section highlights your dental program options and costs when using the TRICARE Active Duty Dental Program (ADDP), the TRICARE Dental Program (TDP), or the TRICARE Retiree Dental Program (TRDP). These dental options are separate from TRICARE health care options. Your out-of-pocket expenses for any of the costs listed in this section are **not** applied to the TRICARE catastrophic cap.

Dental Program Options	Beneficiary Types	Description of Program Options
TRICARE Active Duty Dental Program (ADDP)	<ul style="list-style-type: none"> Active duty service members (ADSMs) ADSMs enrolled in TRICARE Prime Remote National Guard and Reserve members active for a period of more than 30 consecutive days 	<ul style="list-style-type: none"> Benefit administered by United Concordia Companies, Inc. For ADSMs who are either referred for care by a military dental treatment facility (DTF) to a civilian dentist or have a duty location and live greater than 50 miles from a DTF
TRICARE Dental Program (TDP)¹	<ul style="list-style-type: none"> Eligible active duty family members Survivors National Guard and Reserve members and their family members Individual Ready Reserve members and their family members 	<ul style="list-style-type: none"> Benefit administered by MetLife Voluntary enrollment and worldwide, portable coverage Single and family plans with monthly premiums Lower specialty care cost-shares for E-1 through E-4 pay grades Comprehensive coverage for most dental services 100% coverage for most preventive and diagnostic services
TRICARE Retiree Dental Program (TRDP)	<ul style="list-style-type: none"> Retirees and their eligible family members worldwide National Guard and Reserve retirees until reaching age 60 	<ul style="list-style-type: none"> Benefit administered by Delta Dental of California Voluntary enrollment and worldwide, portable coverage Single, dual, and family plans Monthly premiums vary regionally by ZIP code; deductible and cost-shares apply Comprehensive coverage for most dental services; visit any dentist within the TRDP service area 100% coverage for most preventive and diagnostic services

1. The TDP is divided into two geographical service areas: CONUS and OCONUS. The TDP CONUS service area includes the 50 United States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. The TDP OCONUS service area includes areas not in the CONUS service area and covered services provided on a ship or vessel outside the territorial waters of the CONUS service area, regardless of the dentist's office address.

TRICARE Dental Option Premiums, Cost-Shares, and Annual Maximums

TRICARE Active Duty Dental Program Costs

Active duty service members (ADSMs) receive most dental care from military dental treatment facilities at no cost. However, if enrolled in TRICARE Prime Remote (TPR), ADSMs are covered automatically by the ADDP. The ADDP supplements military dental care by providing routine, specialty, and emergency dental services. There are no out-of-pocket costs when using the ADDP. However, for services that require prior authorization (e.g., *orthodontics, crowns*), ADSMs may be responsible for the cost of care if they do not obtain authorization. An Appointment Control Number is required for any civilian care. For additional information about the ADDP, visit www.addp-uccci.com.

TRICARE Dental Program Premiums

Sponsor Status	Sponsor-Only Premium	Single Premium ¹ (one family member, excluding sponsor)	Family Premium (more than one family member, excluding sponsor)	Sponsor-and-Family Premium
Active Duty	N/A	\$10.66	\$31.96	N/A
Selected Reserve of the Ready Reserve	\$10.66	\$26.64	\$79.91	\$90.57
Individual Ready Reserve	\$26.64	\$26.64	\$79.91	\$106.55

1. If both the sponsor and a single family member are enrolled, the premium due is the total of the sponsor-only premium and the single premium.

TRICARE Retiree Dental Program Premiums

Monthly premiums for the TRDP vary depending on your location and type of plan (*single, dual, or family*). Annual rates are effective for fiscal year 2013 (*October 1, 2012–September 30, 2013*) and are subject to change each year. If you move or change your enrollment option, your monthly premium rate may change. To view the premium rate for your region, visit www.trdp.org.

TDP and TRDP Cost-Shares and Maximums

The percentage paid is based on the allowed amount for each procedure. Your out-of-pocket costs may be higher if care is received from a nonparticipating provider. For more information about dental costs, visit www.tricare.mil/costs.

Type of Service	TRICARE Dental Program	TRICARE Retiree Dental Program
Diagnostic, Preventive (except sealants)	0%	0%
Sealants, Consultation/Office Visit, Basic Restorative	20%	20%
Endodontic, Periodontic, Oral Surgery	Sponsor pay grades E-1 through E-4: 30% All others: 40%	40%
Prosthodontics, Implant Services, Orthodontics	50%	50% ¹
Annual Maximum	\$1,300 per enrollee per enrollment year for non-orthodontic services. Payments for certain diagnostic and preventive services are not applied.	\$1,200
Orthodontic Lifetime Maximum	\$1,750 per enrollee, per lifetime for orthodontic services. Orthodontic diagnostic services are applied to the \$1,300 dental program annual maximum. ²	\$1,500 (<i>per person, per lifetime</i>)
Dental Accident Maximum	\$1,200 (<i>per person, per benefit year</i>)	\$1,000 (<i>per person, per benefit year</i>)
Annual Deductible	N/A	\$50 per person, per benefit year; \$150 cap per family

1. Cast crowns, onlays, bridges, partial and full dentures, orthodontics, and dental implants are covered at 50% after the first 12 months of continuous TRDP enrollment.

2. Under the TDP, orthodontic treatment is available for enrolled family members (non-spouse) up to, but not including, age 21 unless enrolled as a full-time student. A member who is enrolled as a full-time student at an approved institution of higher learning is eligible up to, but not including, age 23. Orthodontic treatment is also available for spouses and National Guard and Reserve members up to, but not including, age 23. In all cases, coverage is effective until the end of the month in which the member reaches the applicable age limit.

TRICARE PHARMACY PROGRAM

The TRICARE pharmacy benefit, administered by Express Scripts, Inc., provides prescription medications for all eligible beneficiaries. Costs for prescriptions are based on the category under which the drug is classified—formulary or non-formulary and generic or brand name—and where the prescription is filled: a military treatment facility pharmacy, TRICARE Pharmacy Home Delivery, a TRICARE retail network pharmacy, or a non-network pharmacy. There is no copayment for covered vaccines administered at participating network pharmacies. You can convert prescriptions for medications you take on a regular basis from a TRICARE retail network pharmacy to home delivery by calling the Member Choice Center. See the *For Information and Assistance* section of this brochure for contact information. If medical-necessity criteria are met, non-formulary prescriptions may be filled at the formulary costs. The chart below summarizes the costs for prescription drugs. Use the Formulary Search Tool at http://pec.ha.osd.mil/formulary_search.php to find costs for specific medications. For more information, visit www.tricare.mil/pharmacy.

TRICARE retail network pharmacies are only available in the United States and the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. Currently, there are no TRICARE retail network pharmacies in American Samoa. Overseas, you will be required to pay up front at host nation pharmacies and file a claim for reimbursement.

Note: Copayments are subject to change. There are no pharmacy costs for ADSMs. US Family Health Plan (USFHP) enrollees must fill prescriptions through USFHP pharmacies.

Type of Pharmacy	Formulary Drug Costs		Non-Formulary Drug Costs (Tier 3) ¹
	Generic (Tier 1)	Brand Name (Tier 2)	
Military Treatment Facility (up to a 90-day supply)	\$0	\$0	Not available
TRICARE Pharmacy Home Delivery (up to a 90-day supply)	\$0	\$9	\$25
Retail Network Pharmacy² (up to a 30-day supply)	\$5	\$12	\$25
Non-Network Retail Pharmacy (up to a 30-day supply)	TRICARE Prime/TPRADFM: 50% cost-share applies after point-of-service (POS) deductible is met TRICARE Standard/ TRICARE Extra: \$12 or 20% of the total cost (<i>whichever is greater</i>) after the annual deductible is met	TRICARE Prime/TPRADFM: 50% cost-share applies after POS deductible is met TRICARE Standard/ TRICARE Extra: \$12 or 20% of the total cost (<i>whichever is greater</i>) after the annual deductible is met	TRICARE Prime/TPRADFM: 50% cost-share applies after POS deductible is met TRICARE Standard/ TRICARE Extra: \$25 or 20% of the total cost (<i>whichever is greater</i>) after the annual deductible is met

1. Approval is required for active duty service members (ADSMs). Non-formulary drugs may be obtained free of charge by ADSMs only if medical necessity has been established. All other beneficiaries will pay the copayments listed above. Medical-necessity information should be submitted along with the prescription. The Department of Defense Pharmacy and Therapeutics Committee may set quantity limits on some medications. For more information, visit www.tricare.mil/pharmacy.

2. You can convert maintenance prescriptions—prescriptions you take on a regular basis—that you have filled at a TRICARE retail network pharmacy to TRICARE Pharmacy Home Delivery via the Member Choice Center (see the *For Information and Assistance* section of this brochure).

TRICARE Costs

Enrollment Fee

The annual payment TRICARE Prime enrollees are required to make. There are no TRICARE Prime enrollment fees for active duty service members (ADSMs) or active duty family members (ADFMs). Enrollment fee amounts are set by federal law.

Premium

The annual payment that enrollees in certain TRICARE programs (*i.e.*, *TRICARE Reserve Select*, *TRICARE Retired Reserve*, and *TRICARE Young Adult*) and the Continued Health Care Benefit Program are required to make. Premium amounts are a percentage of the total cost of health care coverage.

Medicare Part B Premium

The monthly payment that Medicare enrollees make to cover certain services not covered under premium-free Medicare Part A. People who are entitled to Medicare Part A due to age or another reason are considered Medicare-eligible, and must generally have Medicare Part B to keep the TRICARE benefit.

Annual Deductible

The annual amount a beneficiary must pay for covered outpatient benefits before TRICARE begins to cost-share. TRICARE Prime beneficiaries do not have an annual deductible, unless they are using the point-of-service (POS) option.

Catastrophic Cap

The catastrophic cap is the maximum out-of-pocket amount a beneficiary pays each fiscal year (FY) (*October 1–September 30*) for TRICARE-covered services. Beneficiaries are not responsible for any amounts above the catastrophic cap in a given FY, except for services that are not covered, POS charges, and the additional 15 percent that nonparticipating providers may charge above the TRICARE-allowable charge. **Note:** POS deductibles, cost-share amounts, and TRS, TRR, TYA, and CHCBP premiums are not creditable to the catastrophic cap.

ADFMs and TRS: \$1,000 per family, per FY

Retirees, their families, and all others: \$3,000 per family, per FY

Copayment

The fixed amount a TRICARE Prime enrollee (*except ADSMs or ADFMs*) will pay for network provider care.

Cost-Share

The percentage a TRICARE beneficiary must pay for covered inpatient and outpatient services (*other than the annual deductible or disallowed amounts*). The cost-share depends on the TRICARE option used and the sponsor's status (*i.e.*, *active duty or retired*).

TRICARE Provider Types and Responsibilities

There are two types of TRICARE-authorized providers: network and non-network. Network providers have a signed agreement with your regional contractor to provide care, and agree to file claims for you. Non-network providers do not have a signed agreement with your regional contractor and are considered “out of network.” Non-network providers are either “participating” or “nonparticipating.” Participating providers have agreed to accept payment directly from TRICARE and accept the TRICARE-allowable charge (*less any applicable patient cost-shares paid by you*) as payment in full for their services. Nonparticipating providers have not agreed to accept the TRICARE-allowable charge or file your claims and may charge up to 15 percent above the TRICARE-allowable charge. This amount is your responsibility and will not be reimbursed by TRICARE.

Network providers and participating non-network providers are prohibited from balance billing, which occurs when a provider bills a TRICARE beneficiary for the remainder of the bill after TRICARE has paid the allowable charge. If a non-network provider does not participate on a claim, he or she may bill no more than 115 percent of the TRICARE-allowable charge. **Note:** Non-network providers may choose to participate on a claim-by-claim basis.

Point-of-Service Option

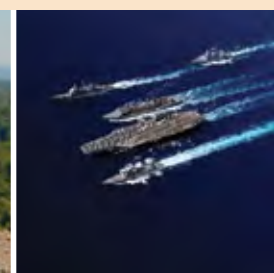
The point-of-service (POS) option allows TRICARE Prime beneficiaries to pay additional out-of-pocket costs to receive nonemergency care from any TRICARE-authorized provider without requesting a referral. Out-of-pocket expenses you pay under the POS option are not applied to your annual catastrophic cap. **Note:** The POS option does not apply to ADSMs, newborns or newly adopted children in the first 60 days after birth or adoption, emergency care, clinical preventive care received from a network provider, the first eight behavioral health care outpatient visits per FY to a network provider authorized under TRICARE regulations to see patients independently for a medically diagnosed and covered condition, or beneficiaries with other health insurance.

POS deductible: \$300 (*individual*); \$600 (*family*)

POS cost-share: 50 percent after POS deductible is met

Prohibition of Waiving Cost-Shares and Deductibles

When using TRICARE Standard, TRICARE Extra, TRS, and TRR, you are responsible, under law, to pay an annual deductible and cost-shares associated with your care. The law prohibits health care providers from waiving the deductible or cost-shares, and providers who offer or advertise that they will do so, can be suspended or excluded as TRICARE-authorized providers.



For Information and Assistance

If you have questions about any of the information listed in this brochure, contact the appropriate contractor listed below or visit www.tricare.mil. For additional details about the Military Health System (MHS), visit the MHS Web site at www.health.mil.

TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) 1-800-555-2605 (<i>TRICARE Reserve Select</i>) www.hnfs.com	TRICARE South Region Humana Military, a division of Humana Government Business 1-800-444-5445 1-877-298-3408 (<i>National Guard and Reserve</i>) 1-877-249-9179 (<i>Active duty programs</i>) Warrior Navigation and Assistance Program: 1-888-4GO-WNAP (1-888-446-9627) Humana-Military.com	TRICARE West Region TriWest Healthcare Alliance 1-888-TRIWEST (1-888-874-9378) TriWest.com
TRICARE For Life www.tricare.mil/tfl Wisconsin Physicians Service 1-866-773-0404 1-866-773-0405 (<i>TDD/TTY</i>) www.TRICARE4u.com	milConnect Web Site—Update DEERS Online http://milconnect.dmdc.mil DEERS Information www.tricare.mil/deers Beneficiary Web Enrollment Information www.tricare.mil/bwe	TRICARE Pharmacy Program www.tricare.mil/pharmacy Express Scripts, Inc. 1-877-363-1303 Member Choice Center (<i>convert retail prescriptions to home delivery</i>): 1-877-363-1433 www.express-scripts.com/TRICARE
TRICARE Active Duty Dental Program www.tricare.mil/addp United Concordia Companies, Inc. 1-866-984-ADDP (1-866-984-2337) www.addp-ucci.com	TRICARE Dental Program www.tricare.mil/tdp MetLife 1-855-MET-TDP1 (1-855-638-8371) (<i>stateside</i>) 1-855-MET-TDP2 (1-855-638-8372) (<i>overseas</i>) 1-855-MET-TDP3 (1-855-638-8373) (<i>TDD/TTY</i>) https://mybenefits.metlife.com/tricare	TRICARE Retiree Dental Program www.tricare.mil/trdp Delta Dental of California 1-888-838-8737 www.trdp.org
US Family Health Plan www.tricare.mil/usfhp 1-800-74-USFHP (1-800-748-7347) www.usfhp.com	TRICARE Web Site www.tricare.mil	Military Health System Web Site www.health.mil

An Important Note About TRICARE Program Information

At the time of printing, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military treatment facility guidelines and policies may be different than those outlined in this product.** For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.

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